

REMARKS

The office action of March 11, 2011 has been carefully reviewed. In response to this office action, claims 1, 8, 9, 18, 21, and 22 have been amended. Non-elected claims 24-26 have been canceled without disclaimer or prejudice. Claim 27 has been added. Claims 1-23 and 27 are currently pending and presented for review. Favorable reconsideration and allowance are respectfully requested in light of the remarks which follow.

Claim Rejections – 35 U.S.C. § 102

The Examiner has asserted that claims 1-23 are anticipated under 35 U.S.C. § 102(e) by Sloane, U.S. Pat. No. 5,911,132 (herein “Sloane”). It is well known, that “[a] claim is anticipated only if each and every element as set forth in the claim is found, either expressly or inherently described, in a single prior art reference.” MPEP § 2131. Applicant respectfully submits that Sloane does not set forth each and every element of the present claims, including independent claims 21 as originally presented and claim 1 as amended. Applicant, therefore, traverses this rejection.

Claim 1

Sloane fails to disclose “analyzing the compiled health data to identify whether a public health threat exists.” Sloane discloses a method of using an epidemiological database to assist with diagnosing an illness in individual patients (see Abstract). Specifically, Sloane utilizes a two-step process for diagnosing a patient. First, an e-doc system asks routine questions related to the symptoms that a patient is experiencing (see col. 4, ll. 7-11). Second, an epidemiological expert system asks questions which may help determine whether the patient has been exposed to any epidemiological events that are already occurring (col. 4, ll. 31-54). The system uses the answers to the questions related to symptoms the patient is experiencing and related to potential exposure to an epidemiological event to provide a diagnosis to an individual patient (col. 4, l. 54 – col. 5, l. 54). However, Sloane does not disclose compiling health data received from a plurality of health care facilities and “analyzing the compiled health data to identify whether a public health threat exists.” as required by claim 1.

In contrast, the present claims disclose a method of detecting a public health hazard such as a bio-emergency or epidemiological event. Health care providers enter patient data for each of the patients seen at multiple health care facilities (see p. 11, l. 20 – p. 12, l. 5). This patient data is continuously transferred (i.e. “simultaneously with said receiving step”) to a monitoring computer which may be at a regional or national level (see p. 12, ll.6-12). The patient data from the multiple patients at multiple health care facilities is then compiled and analyzed to identify whether a public health threat exists (p. 15, ll. 12-22). Thus, the present system provides a real-time monitor of many patients across multiple health facilities to identify whether a bio-emergency or epidemiological event exists.

Claims 8-11 and 27

Because Sloane fails to disclose “analyzing the compiled health data to identify whether a public health threat exists,” Sloane cannot disclose additional limitations depending therefrom. Consequently, Sloane fails to disclose “wherein analyzing the compiled health data comprises comparing the compiled health data to a threshold,” as required by claim 8.

Sloane fails to disclose “generating a warning signal in response to said comparing step indicating a public health threat exists,” as required by claim 9. As previously discussed, Sloane discloses a method for diagnosing individual patients. Sloane does not disclose providing a warning to the public that a health threat exists.

Because Sloane fails to disclose generating a warning signal, Sloane cannot disclose either “communicating the warning signal,” as required by claim 10, or performing the communication step automatically, as required by claim 11.

Regarding claim 27, Sloane fails to disclose continuously compiling and analyzing the patient health information to determine whether a public health threat exists. Because Sloane discloses a method of diagnosing a single patient, the method is naturally completed upon diagnosis of the patient. In contrast, the present claims require a continuous update of the compiled health information as new patient health information is received. The updated health information is also continuously analyzed to determine whether a public health threat exists.

For at least the above-described reasons, Applicant submits that claim 1 and claims 2-20 and 27, which depend from claim 1, patentably define over Sloane.

Claim 21

Sloane fails to disclose “receiving individual triage patient health information at a *plurality of health care facilities* regarding *each of a plurality of patients*.” As discussed above with respect to claim 1, Sloane discloses a system for diagnosing individual patients. The system obtains information from a single patient rather than collecting information from multiple patients across multiple health care facilities.

Sloane fails to disclose “*transmitting at least a portion of the recorded triage data* to a computer for one of a plurality of regional repositories *automatically and in at least near real-time*.” The method disclosed in Sloane does not require subsequent transmission of the recorded data to another computer. Although either the e-doc system or the epidemiological expert system may be implemented on a remote computer or system, the e-doc system and epidemiological expert system are recording the initial triage data and do not subsequently transmit the triage data to another computer at a regional repository (see col. 3, l. 50 – col. 4, l. 54).

Although the Examiner has identified col. 4, ll. 5-30 as disclosing this limitation, Applicant respectfully disagrees. This section of Sloane’s specification discusses operation of the e-doc system. The e-doc system solicits information to diagnose the patient (col. 4, ll. 5-11). Although Sloane indicates that the e-doc system may take numerous forms, each form serves to collect and record the triage data from the patient. There is no disclosure of subsequent transmission of the recorded triage data.

Sloane fails to disclose “analyzing the triage data and *determining*, based on the analysis, *whether a possible bio-emergency exists*.” As previously discussed, Sloane fails to disclose analyzing the triage data and further fails to disclose determining whether a possible bio-emergency exists.

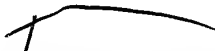
For at least the above-described reasons, Applicant submits that claim 21 and claims 22-23, which depend from claim 21, patentably define over Sloane.

CONCLUSIONS

In light of these remarks and amendments, it is believed that claims 1-23 and 27 are now in condition for allowance and allowance is respectfully requested.

Payment of a one-month extension for a small entity (\$65) is enclosed herewith. Although no additional fees are believed payable, the Office is hereby authorized to charge any additional fees that may be deemed due, or credit any overpayment, to Deposit Account No. 50-1170. The Examiner is encouraged to contact the undersigned if minor amendments are needed in the figures, specification, or claims to bring this case into allowance.

Respectfully submitted,



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